MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09811360	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1						51				4		
2		i					52				4		
3		r					53				4		
4		1					54			1			
5		1					55				1		
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24	1						74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42	1						92						
43	1						93						
44		4					94						
45		4					95						
46		4					96						
47	1						97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.	11						TOTAL IND.			12			
TOTAL DEP.	63						TOTAL DEP.			76			
TOTAL CLAIMS	74		72				TOTAL CLAIMS		88				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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